

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NUR		08-31-01
O.I.P.E. CLASSIFIER		43	9/10/01
FORMALITY REVIEW	SI	1021	04/28/01
RESPONSE FORMALITY REVIEW	M.D	625	12-10-01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	11/16/01
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
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49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
 staple additional sheet here

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268/0  
 10/10/01  
 JLS  
 12/10/01